# HEALTHWATCH HERTFORDSHIRE

## Enter and View Visit Report

**Westgate House Care Centre**

**Intermediate Care Centre**

**Tower Road, Ware**

**Hertfordshire**

**SG12 7LP**

**Westgate Healthcare**

# Healthwatch Hertfordshire Enter and View Visit Report

**Premises visited:** **Intermediate Care Unit, Westgate House Care Centre**

**Date and Time of Visit:** **Tuesday 12th August 2014 10.30 am**

**Visit Conducted By:** **Virginia Kirri-Songhurst and Tim Sims**

## Purpose for the Visit:

To follow up on issues recently raised by the Care Quality Commission (CQC), Hertfordshire County Council (HCC) and the Clinical Commissioning Group (CCG) to see how the provider's action plan is improving the 'lived' experience of the patients/residents. Healthwatch Hertfordshire (HwH) will be specifically looking at the **Intermediate Care Unit** and any communal areas used by those residents.

## Methodology:

An **'Announced /Unannounced'** visit where HwH advised Westgate House Care Centre that it will be visited and why but did **not** give an exact date and time; only a timeframe of 4 weeks.

The visit was carried out at the request of Hertfordshire County Council and East and North Hertfordshire Clinical Commissioning Group.

Two HwH authorised representatives using questionnaires for residents, staff and observation from 10.30 am to 1.30pm

### Disclaimer

The report relates only to a specific visit (a point in time) and the report is not representative of all service users (only those who contributed within the restricted time available)

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## 1. INTRODUCTION

Westgate Care Centre is a modern three storey building, opened in 2006, and is registered as a care home for up to 109 residents in six categories. The HwH monitors were met by the Regional Manager (Pat Laing) at reception (ground floor). HwH was expected to visit sometime in August as per the advanced notice of the HwH 'announced/unannounced' letter sent 25th July.

After signing in we met with the manager and asked her about any actions taken recently to meet the CQC 'actions needed' inspection reports, with particular regard to the issues relating to the service provided to residents of the Intermediate Care Unit (ICU) for their leisure activities, safety and wellbeing relating to the mental health act.

We were told that new staff had been recruited and training will be provided. Actions were being taken to address the CQC's findings.

We spoke to 13 residents, 2 visitors and 3 staff members during the visit.

## 2. FIRST IMPRESSIONS

2.1 The Centre appears in good condition, well maintained and with a large car park.

2.2 The front door was open, we noticed outdoor lighting and a keypad. This is suitable for wheelchair users.

2.3 The reception area was very small, there was a drinks machine and table and chair. On the table was a folder of "thank you" letters, they dated from December 2013 to April 2014. There was a notice board with some information leaflets. The code for the door to the resident's area was posted on this.

The area was nicely decorated and there is a reception desk where people sign in, this also had various information leaflets including the HWH cards. The manager was in the reception area and she welcomed us.

2.4 We interviewed the manager and asked her questions about recruitment, training and care plans.

The manager told us that she is recruiting staff and organising training for them and updating the training of existing staff. We asked to see a typical training plan but none were available. We also asked to see a typical care plan but again none

were available, however, the manager showed us an 'audit' that she said she is in the process of implementing to check that the care plans are properly filled in. The documents she showed us were very comprehensive and impressive. This is a work in progress.

2.5 We were shown a typical menu and told that there is a new chef and that he was working with him to review the menu. We asked if Kosher and Halal was provided and were told that this could not be done.

2.6 At present there is no nutrition champion but the home has a nutritionist available. There is no infection control champion and no dementia champion but the manager said that she was organising training to provide these roles.

2.7 Numerous organisational restructuring and activities e.g. training, recruitment, audits etc. are said to be initiated by the manager herself however there is a concern that this cannot be met in a timely fashion by just one person.

The manager said that she had been head hunted for the post due to her past history of change management.

2.8 We asked about voluntary groups visiting and the manager said that she had contacted the primary school next door, however, the receptionist informed us that the school already visits at Christmas time to sing carols.

2.9 We asked about the Smile service, the grants for physical education and the reminiscence service. The manager took all of the leaflets we offered and said she would look into these. We also enquired about the existence and frequency of residents meetings. We were told that these do take place but when asked where the minutes are displayed no evidence could be shown.

2.10 We were shown up to the ICU on the first floor, there are lifts as well as stairs. The lift to the ICU does not have a code on the second floor. We were told that it was not needed (the lift has a code in the dementia unit however).

It was observed that a confused patient was wondering around the corridor and had to be escorted back to his room. This resident potentially could have got into the lift.

2.11 Outside the ICU was a table with a signing in book. When we inquired if we had to sign in again, we were told that it was for people who had not signed in at the reception desk. This means that it is possible for people to visit without signing in at all as there is no one to check this. This immediately poses a risk to the resident's safety and is a health and safety issue in the case of a fire as non-one would be able to account for who is in the building.

2.12 Uniforms were worn by nursing staff and physios. Cleaning staff wore identity badges. The uniforms would be confusing for residents and visitors who had left a hospital environment as they suggested that the non-qualified staff were Registered Nurses.

## 3. FINDINGS

### 3.1 Environment

3.1.1 The ICU floor residents' rooms were bright, of reasonable size, with an en-suite toilet and sink. The décor was extremely dated and the manager said she was in the process of reviewing this. The windows however only opened at the bottom by a few inches. There was no mechanism to keep the windows open other than a piece of wood or a toilet roll to wedge them open which was observed in several rooms. Curtains and blinds were fitted.

3.1.2 The bedrooms were well-kept and clean but lighting in the bedrooms was low and needs updating. One resident complained that they could not read in the evening due to the dull lighting.

3.1.3 There were several day rooms though only three were in use. One resident said that he had asked for a coffee lounge to be set up which had been done. Fresh filtered coffee and biscuits were available. This did not appear to be used by anyone other than himself as no one that we mentioned it to was interested in using it.

3.1.4 The names of residents on the doors were in good and clean condition.

3.1.5 The condition and decoration of the unit was reasonable though a little dated; there were some chipped door frames and the carpets were stained. There were few clocks to be seen. One day room had a clock and calendar showing the wrong date. There were 'white boards' in the day rooms displaying the day and date but this was inconsistent.

3.1.6 There was a 'stale' smell in parts of the unit.

3.1.7 The ITU unit kitchenette/lift area needed cleaning. The cupboards were broken and the surfaces shabby and water stained. There is a lift to bring the food trolley from the kitchen on the ground floor, a fridge and microwave. The flooring needs replacing.

3.1.8 There are accessible toilets for wheelchair users but one is being used as a store cupboard, all red cords should be within reach of the floor for anyone collapsed with upper limb restrictions.

## 3.2 Patient Care

3.2.1 Some residents said it was not easy to have a shower or bath. One reported 'once a week only' was normal and that residents were allocated a particular day for this.

3.2.2 Some did not remember when they were last weighed.

3.2.3 The rapport between staff and residents appeared good. The manager said she saw residents most days on her rounds.

3.2.4 There was evidence that 'pressure mattress settings' were being followed.

3.2.5 We were told that the fastening/opening for bedroom doors was being addressed to meet safety and observational requirements as well as for dignity needs.

## 3.3 Leisure and Services

3.3.1 There was a paved, well maintained central garden, but though it was a warm day no one was there. Several residents said that they had not been offered the opportunity to visit this.

3.3.2 There were no notices in the unit of weekly/current week's activities but there was a notice of that day's events – singing in the morning and a quiz session in the afternoon displayed on the white boards in the day rooms. There was no evidence of past activities though several residents said they enjoyed the bingo.

3.3.3 There was a treatment, physiotherapy, gym room well provided and in good condition. We observed a resident having treatment from a qualified physiotherapist and physiotherapist assistants.

3.3.4 There were large TVs in the lounges and most residents had their own TVs in their rooms. In one of the lounges three people in wheelchairs were lined up in front of these, other people were seated at the tables. The position of seating was conducive to promote conversation.

3.3.5 We were told by the manager that there are phone lines in all rooms and a request can be made to the admin who will give the Phone number allocated to the individual room.

3.3.6 Morning newspapers could be ordered daily but one resident said that she did not know how to organise this even though she had been there for some time. This resident enjoyed reading but had very little literature available to her. On enquiry she said that no one had offered to get library books for her.

## 3.4 Digital Inclusion

3.4.1 There is none at present, but we were told that Wi-Fi / Internet would be available shortly.

## 3.5 Food and Drink

3.5.1 Meal facilities were reasonable but most residents on the day were having lunch in their bedrooms. There were no 'wet wipes' or washing facilities offered before lunch.

3.5.2 The menus seen were limited and residents said that greater choices should be offered. They would also like to see a greater variety of vegetables as it is the same most days. Residents said that they did not always have what they ordered but that alternatives were offered. Some residents could not remember what they had ordered. We did not see a 'pictorial menu' that was spoken of.

3.5.3 Residents complained that the food was often cold as it was served on cold plates. This was observed as the trolley is not big enough to accommodate food and plates. Each course is served separately.

3.5.4 There were no condiments available to those who ate in their rooms and in the lounges the condiments were not put on the dinner tables but were kept on a separate table so that the resident would have to ask for them. It was observed that not all residents were offered a drink.

3.5.5 After lunch a member of staff visits each patient to ask them what they want for the next day. The residents are not given individual menus to think about their choices. No pictorial menu was available but we were told that there is one.

3.5.6 Breakfast was reported as at 9 am, which seemed inflexible. Lunch 12.30-1 pm, Supper 5.30-6.30.

3.5.7 We saw some residents being helped to eat in their bedrooms.

3.5.8 Snacks/drinks between meals were usually available.

## 4. MONITORS CONCLUSIONS

The purpose of the visit was to see how the provider's action plan is improving the 'lived' experience of the patients/residents. Though the manager had said she was very aware of the CQC's reports, and actions had already been started to correct the home to the required standards (and she seemed active in this regard), we found little actual evidence of this except in the appointment of a new Registered Nurse who had just started there. There was no evidence of induction training or training records of staff or a staff rota even for the following week. One member of staff complained that she had not been given the next week's rota and could not plan anything in advance.

We visited the ICU only and were surprised to find that some residents had been there for many months (to over a year?). Some of the residents we spoke to were difficult to talk to as they were very frail and elderly but there was also enough who were happy to talk to us.

**We have since been informed by the manager that not all the beds on the first floor are Intermediate care beds. 19 of the beds are for long term nursing care.**

For further comment, please see our recommendations from our visit in Section 6.

## 5. AREAS OF GOOD PRACTICE

1. There was evidence of good relations and dialogue between residents and staff and this was seen whilst we were there when there were many staff on the ICU floor.

2. The drug round was witnessed and delivered by a RGN in a caring manner. One resident had been concerned that the drug dosages were not adhered to. She had been having medication in hospital which appeared to be halved since she arrived.

3. The residents mostly said that the time that staff responded to their call for help was reasonable but there were a few that said it sometimes took over

10 minutes. One resident said that at night it took 'a worryingly long time' to answer the bell.

4. Staff appeared to appreciate and understand the frailty of the residents when they spoke to them.

5. Visitors were welcome at most times of the day and many were present during our visit and seemed happy about the facility.

## 6. RECOMMENDATIONS

1. Evidence of staff training including induction records be kept.

**Manager's response:**
***This is kept on the HR files and is being completed by external and Unit Managers.***

2. Staff work rotas should be available to the staff in advance.

**Manager's response:**
***This has been addressed and the induction of the Care block system will ensure the rota is done up for at least a month in advance for all staff.***

3. Choice of hot food at meal times should be greater.

**Manager's response:**
***New Menu have been given to residents and relatives in advance for views before implementation on 6/10/14.***

4. Wet wipes/ hand cleaning facilities should be available before meal times.

**Manager's response:**
***Wet wipes are being ordered alongside alcohol gel.***

5. Records of resident meetings and matters raised should be kept.

**Manager's response:**
***Minutes are going to be displayed on notice boards in the home.***

6. Perhaps a more flexible approach to breakfast time could be considered.

**Manager's response:**
***This is being looked into with the residents on each unit to meet their needs and choice.***

7. A bath or shower should be available to residents 2 or 3 times a week (more than reported at present).

**Manager's response:**
***This is being looked at as part of the individual's needs and choice.***

8. Infection control champion to be appointed.

**Manager's response:**
***The Training for Infection Control has been under taken by NB who is now the Infection Control Champion for Westgate House.***

9. HwH should revisit if required to see evidence of improvements.

10. All visitors to sign in at the reception desk. In order to check on this the code to the ICU should be kept at the desk and not on the notice board.

**Manager's response:**
***This will be reviewed.***

11. Evidence of residents meetings.

**Manager's response:**
***All minutes will be displayed within a week of the meeting***

12. Activities time table to be posted on all notice boards and white boards in the lounges.

***Manager's response:***
***This is already displayed on a daily base on each unit.***